

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Concerned American Voters</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00525899	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Voter Contact Services, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>12 / 01 / 2015</b>	
Mailing Address <b>107 S. West St, PMB 501</b>		Amount <b>166250.13</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE.5717</b>
Purpose of Expenditure <b>Staffing and Services for Field Canvassers</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 01 / 2015</b>	
Name of Federal Candidate <b>RAND PAUL</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought <b>221209.79</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>166250.13</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Edward King*

[Electronically Filed]

Date

MM / DD / YYYY  
**12 / 02 / 2015**

Signature

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
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Form/Schedule: F24N  
Transaction ID :

This report includes the full value of services rendered by all vendors for this period; credits related to the prior month's services reduced the actual amounts paid.

Form/Schedule:  
Transaction ID: